

# KINDERGARTEN NON-CATCHMENT APPLICATION FORM for 2019/20 School Year

*Time and Date of receipt of this form must be recorded by the catchment area school*

**FORM 301-3**

## IMPORTANT

## TO THE PARENT

1. Complete Part A.
2. Leave the completed form with the Principal of your catchment area school on Monday, February 4, 2019, or shortly thereafter.

**TO THE PRINCIPAL OF THE CATCHMENT SCHOOL**

1. Hold the application at the school until approved by the Assistant Superintendent.
2. Once approved, forward to requested school.

**TO THE PRINCIPAL OF THE REQUESTED SCHOOL**

1. After receiving the approved application from the catchment school, please sign Part B below.

This form should be submitted by March 8. Decisions regarding approval of applications submitted by March 8 will be made as soon as possible after that date. Applications will be accepted after March 8, however, decisions regarding approval may not take place until after September 2.

**PART A - To be completed by the Parent**

MM DD YY

1. Student Name(s): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternate No.: \_\_\_\_\_
3. Living in Attendance Area of: \_\_\_\_\_
4. School Requested: \_\_\_\_\_ Effective Date \_\_\_\_\_ FI ☐
5. Name of Parent: \_\_\_\_\_ Parent Email: \_\_\_\_\_
6. Address same as above [ ] or \_\_\_\_\_
7. Reason for Request required from Parent (if space insufficient, attach letter) \_\_\_\_\_

**SPECIAL LEARNING NEEDS:** Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? ☐ **YES** ☐ **NO**  
If yes, please describe:

8. Siblings already in requested school? ☐ NO ☐ YES Name of Sibling: \_\_\_\_\_

**This request will be considered on the following conditions:**

1. Space and a suitable placement are available in the school requested.
2. Parents are responsible for transportation when the student attends a school outside of the designated school attendance area, and agree to abide by school expectations of policies, including school parking and traffic requirements.

DATE OF APPLICATION

SIGNATURE OF PARENT

**PART B** - To be completed by the Principal of the requested school upon approval by the Assistant Superintendent.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** The applicant's name, identifying information and requested placements may be shared with other school districts to protect the integrity of wait lists and enrolments.

Revised: January 2019